

(LOCAL GOVERNMENT EMPLOYER WITH A SEPARATE PRESCRIPTION DRUG PLAN)
STATE HEALTH BENEFITS PROGRAM
COBRA BENEFITS CONTINUATION SCHEDULE
RATES EFFECTIVE 7/1/00 to 12/31/01

On the reverse side are the monthly premium rates for continued coverage under the State Health Benefits Program (SHBP) COBRA Program effective July 1, 2000 to December 31, 2001. To determine your premium:

1. Locate in the left hand column the coverage(s) in which you wish to be enrolled. If you are eligible for health coverage, you may elect any health plan that serves the area in which you live.
2. Once you have identified the plan you desire, select the Contract Type you wish to elect. **YOU MAY NOT ELECT A CONTRACT TYPE WHICH EXCEEDS THAT WHICH YOU HAD ON THE LAST DATE PRIOR TO THE TERMINATION OF YOUR HEALTH CARE COVERAGE.** You may elect the same or a lesser level of coverage. For example, if you had member and spouse coverage as an active employee, you could elect member and spouse or single coverage under COBRA. You could not elect family or parent-child coverage.
3. On the COBRA Application, check the box associated with the Plan and Contract Type elected and enter the premium amount in the space provided. **If you are electing HMO coverage, be sure to list the name of the HMO and Primary Care Physician.**
4. You can elect prescription drug coverage **only if** your employer participates in the SHBP Prescription Drug Plan and you were enrolled for prescription coverage while an active employee. Note: if your employer offered a separate prescription drug plan, the medical plans available to you through COBRA do not include prescription drug coverage.

Forward your completed COBRA application without premiums to:

Division of Pensions & Benefits
COBRA Section
PO Box 299
Trenton, NJ 08625-0299

Once your COBRA application has been processed, the SHBP will bill you for premiums you owe for continued coverage. You will be billed on a monthly basis, however your first bill may include an additional billing of retroactive premiums due. Premiums should be sent to:

State of New Jersey
Division of Pensions and Benefits
Newark Post Office
PO Box 35236
Newark, NJ 07193-5236

To contact the SHBP regarding COBRA, please write, or call our SHBP Member Hotline at (609) 777-4355 and leave your name, social security number and telephone number and a representative will return your call within two business days. You may also reach us by e-mail at: pensions_nj@tre.state.nj.us